Board	of Ben	lth. Eitr	of Bali	imore.
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Permit No. A. 941

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,	ofuly o	1887			
Full Name of Deceased,	Write legibly and spell controlly. If an infant not named, give names of parents.	George M	ashington	Harma	
Sex, Male or Female, (Cross requ	out the word not hired in this line.				
Age,	Years,	• 8	Months,		Day s.
Color,	ste.	Sex,			
Married, Single, Widow or	Widower, Cross out the w	ords not }			
Occupation,				, /	
Birthplace, State or country (and long in the United State of foreign birth.	how Stal	Imore			
Duration of Residence in to					
Place of Death, [Give street and number.]	Mo. 23	29 Basi	Tern Soans	4	
Cause of Death,	mmediate,)	Pero Jug	lantin		
Duration & Last Sickness					
All the above information show	1,-	, m	7		
	altimire	1111	School	25	f. D.
Date of Burial, My	ly ,6:1	887 3		Medical Attenda	
& Undertaker, y.C.	Sande	y Jones	· My Chesa	heater fr	z_
Place of Business,	10 Carre	and and			

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

FOVER

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate

Health Department, City of Baltimore.

Permit No. 9 4 4 Office of Registrar of Vit.	al Statisties.	ward //
The Physician who attended any person in a last illness, is responsible out, to the Undertaker or other person superintending the burial, within twenty if requested so to do, under penalty of law.		
No Permit for Burial can be Obtained witho	OUT A PROPER CERTIFICA	TE.
CERTIFICATE OF	FDEAT	HORPARTHER
Date of Death, July 4th 1887	2.11	UL 5 1887
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents.	application	TIMOREMO
Sex, Male or Femate, Cross out the word not required in this line.	u	A STATE OF THE PARTY OF THE PAR
Age, Zwenty onald) Years,	Months,	Days
Color, degro		1
Married, Single, Widow or Widower, Cross out the words not required in this line.	1	And the second second
Occupation, water		
Birth Place, State or country, and how long in the United States, for foreign birth.		
Duration of Residence in the City of Baltimore,	ne gears	
Place of Death, Give Street and Magent Wash	Val. Ly. Linde	n doenne
(First (Primary), Left Land J	ever	
Cause of Death, Second (Immediate), Paralysis	Ment	
Duration of Last Sickness, Jour is sell b	0	
Place of Burial, Lower Cenety		
Date of Burial, July 6 1889	It Walla	ce M.D.
Undertaker Rev Henrich		dical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Place of Business, 5 410 school of Address, 27 Linden avenue

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificat

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the homestas below, and to hist of phones of this continued
Permit No. 944 Office of Registral of View Statistics. Ward 8
The Physician who attended any person in a last thress, is responsible for the presentation of this Certificate, accurately filled out to the Undertaker or other person superintending the burial, within twenty-file figures after the death of said deceased, or sooner, if requested so to do, under penalty of law. NO PERMIT FOR BURIAL ON BY OBSAINED WITHOUT A PROJECT CERTIFICATE. CERTIFICATE OF DEATH.
Date of Death, July 4th 1887 Full Name of Deceased, Write legibly and spell James Blackistin of parents. Correctly. It an Infant of parents.
Sex, Male or Female; {required in this line.} Age,
Color, Black Married, Single, Widow or Widower, {Cross out the words not } required in this line.
Occupation, Birth Place, {State or country, and how long in the United States, of foreign birth. Duration of Residence in the City of Baltimore, June 100 Place or country, and how long in the United States, of Baltimore, Duration of Residence in the City of Baltimore,
Place of Death, {Give Street and } 1005 Frack ally Stombles & Chol, Infantion Second (Immediate), Second (
Duration of Last Sickness, All the above information should be furnished by the Physician. Place of Burial, Lawell Clinical
Date of Burial, July 6 1882 F. Flannery M. D. Sundertaker, Substante Larner Medical Attendant.
Place of Business, 6 / howard Address, 170/20, 100

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

The Special Addendion of Physicia	ns is Kespectivilly Invited	to the Remarks below	v, and to List of Diseases	on back of this Certificate.
Health	Departm			nore.
Permit No. 943	Office of Be			Ward / D
The Physician who attended to the Undertaker or other persor requested so to do, under penalty No Person	any person in a last film superintending the buri- of law.	and the second second second	10·1	
		TIMORE		. 0
CEF	RTIFICA	LE OF	DEATH	7. C
Date of Death,	Fire	e 5/1	7	
Full Name of Deceased,	Write legibly and spell correctly. If an Infant not named, give names of parents	Const	m A	outh
Sex, Male or Female, { ?		on commenced the	* X	
Age, \dots	Years,	3	Months,	Days.
Color,		When		
Married, Single, Widow	or Widower, {Cross of required	out the words not }		
Occupation,			1	, /
Birth Place, State or country, long in the Unite if of foreign birt	h.)	Buen	nee	1
Duration of Residence	in the City of Ba	ltimore, Z	be 12.	
Place of Death, Give Street	and }	1824	Weker	Luce
Cause of Death, {	Primary), (Immediate),	a House	4 (holes	Infention
Duration of Last Sicked		Dide	10.	
Place of Burial, SZ	Polers De	muly 1	1101	
Date of Burial, June	14. 6 1/87	18/2	Lke	cir M D
\ Undertaker, ///	Oadoga		Me	dical Attendant,
Dr. an.	an him	Cb	648	2 7 1. Ru

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Bealth Bepartment, City of Baltimore.
Permit No. 946 Office of Registrar of Vital Statistics. Ward 10
The Physician who attended any person in a last illness, is respectable to the second of this Certificate, accurately filled out, to the Undertaker or other person superintending the burnel, with the control of this Certificate, accurately filled out, to the Undertaker or other person superintending the burnel, with the control of this Certificate, accurately filled out, to the Undertaker or other person superintending the burnel, with the control of this Certificate, accurately filled out, to the Undertaker or other person superintending the burnel, with the control of this Certificate, accurately filled out, to the Undertaker or other person superintending the burnel, with the control of this Certificate, accurately filled out, to the Undertaker or other person superintending the burnel, which is the control of the Undertaker or other person superintending the burnel, which is the control of
sooner, if requested so to do, under penalty of law. No Permit for Burial can by Chained without a Proper Centificate.
CEDTIFICATE OF DEATH
CERTIFICATE OF DEATH.
Date of Death,
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents.
Sex, Male or Tenale, {Cross out the word not } required in this line. }
Age, Years, Months. Days
Color, while
Married, Single, Willow or Widower, {Cross out the words not } required in this line.
Occupation,
Birth Place, {State or country, and how long in the United States, if of foreign birth.
Duration of Residence in the City of Baltimore,
Place of Death, {Give Street and }
) First (Primary), Chronic Encryhalitis.
Cause of Death, Second (Immediate), Euca pholitis
Duration of Last Sickness, Sierral years, acis has weeks. All the above information should be furnished by the Physician.
Place of Burial, St. Pelers Gemetry
Date of Burial, July 6 187 W. P. Maryan M. D.
(Undertaker, M. Gaargan Medical Attendant.
Place of Business, 696 Brulling & Address, 315. W. Mounent
Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the determined of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certific Office of Registry The Physician who attended any person in a last illness, The Physician who attended any person in a last filless, to the Undertaker or other person superintending the burial, requested so to do, under penalty of law.

No Permit for Burial can be C is Certificate, accurately filled out, of said deceased, or sooner, if Date of Death, Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. Sex, Male or Female, {Cross out the word not } required in this line. } Age,Color, Months. Days Married, Single, Widow or Occupation, Birth Place, {State or country, and how long in the United States, if of foreign birth. Duration of Residence in the City of Baltimore, Place of Death, {Give Street and Number.} First (Primary), Second (Immediate), Duration of Last Sickness, All the above information should be furnished by the Physician. Place of Business

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of wenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as and date of death. [OVER.]

	· .				
A	Moard of	Health,	Titu of	Baltinjone,	
Permit No.	15 Office	of Register	of Vital	Bruistics.	Ward //
The Physician who a to the Undertaker or oth requested so to do, under	er person superintendi	i last illness, is es	sponsible for the pr	esent of this Certification of	ficate, accurately filled
equesied so to do, under	No PERMIT FOR BUR	RIAL CAN BE UN	A NOT WITHOUT A	PROPER CRITECATE	and deceased, of some
C			ETIMORE.	110	- (0
C)	ERTIFI	CAIL	OF	DEATH	1.
Date of Death,	Ane	2 day	Luly 5	- th 8%	
Full Name of Dec			margar	at the, h	rennes
Sex, Male or Fem			tom.	ah	
4ge,	Years,		6 Mars	nths. 29	
Color,	While	_		uns,	De
Married, Single, W	dow or Widowe	Cross out the v	word not }		1
Decupation		7,144	cathe.	**	
Birthplace, State or colong in the			thur	- Col	1/
Duration of Residen	nce in the City of	f Baltimore,	ayr	drive?	1
Place of Death, { Give	street and }	,31,	3. ms	lin St	
	irst (Primary),	Chrit	era S	Indust.	
ause of Death,		2	/	1	
	econd (Immediate),		mu		
Puration of Last &	Sickness,	sury	dan	>	
All the above informatio	nshould be furnished by t	the Physician.			
lace of Burial, Di	one Ina	a	1 de	7. 40	,
ate of Burial,	uly 6' 1	587	Ole	me	4)
Undertaker J	of And	iens (6	Medica	M. Attendant.
Place of Business	No 46 Dand &	all the	Address,	nc In VI	enlburge
Extract from Regula	tions of the Board of	f Health to secur	re a full and corr	ect record of Vital S	tatistics in the
Entrade from Incgan					
Section 2. And be it)		Ulty of Da	ilimore.		

forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

	Jepartment.	Attores.	Baltimor	e. ~ 4
	fice of Registrar		vics. Wa	
The Physician who are nded any to the Undertaker or other person superequested so to do, under penalty of law	person in a last illness, is responding the burial, within	he ble for the procesta twenty-four hours after	ton of this Certificate the ceath of said dec	e, accerately filled out, ceased, or sooner, if
No PERMIT FO	OR BURIAL CAN BE OBL	THOREMO	E CERTIFICATE.	72
CERT	IFIGATE	OF DE	EATH.	F
Date of Death,	Dily M	4/887		
rate frame of Deceased, not	e legibly and spelf ectly. If an Infant named, give names	1.	Dass	
Sex, Male or Female, { cross out required		Ma	les	~ ~
Age,	Years,	/ Months		Days.
Color, Mutes				
Married, Single, Widow or 1	Widower, { Cross out the words required in this line	not }	· · · · · · · · · · · · · · · · · · ·	
Occupation,			1	
Birth Place, State or country, and ho long in the United State if of foreign birth.	w)	Por	local	
Duration of Residence in th		0%	ice des	At
Place of Death, Give Street and Number.	(31:	2/00	Say 4	rish
$\textit{Cause of Death}, egin{cases} ext{First (Primar} \\ ext{Second (Imm.} \end{cases}$	- C.	estin	trues	
Duration of Last Sickness, All the above information should be furni		(0)de	245	
Place of Burial, Baltino	Cemelery		- 1	
Date of Burial, Luly	6 th	10085	(na)	5
(Undertaker, Lea Sch	illing /	\vec{a}	Medical Atte	M. D.
Place of Business, Aulle	und Syrian Al	WEST 1	prolin	Ballot
Extract from Regulations of the Bo	oard of Health to secure a City of Baltim		ecord of the Vital	Statistics in the
Section 2. And be it further enache Physician who attended during his	ted and ordained, That whenever or her last sickness, or the Co	ver any person shall di oroner, when the case	e in the said city, it si	hall be the duty of e, to furnish within

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

The Special Attention of Physicians	s Respectfully Invited to the Remark	ks below, and to List of Di	seases on back of this Certificate.
Health	Department of Regional	itan Ba	ltimore.
The Physician who attended an to the Undertaker or other person su requested so to do, under penalty of	y person in a last illness, is responding perintending the burnel, within twen	ple to the historianon ty-four hours after the less	this Certificate, accurately filled out, the of said deceased or sooner, if
	TIFICATE (TH.
Date of Death,	uly 4 the 11	7	P "
	Frite legibly and spell orrectly. If an Infant ot named, give names f parents.	more D.	Van dolph
Sex, Male or Female, { cross requi		W. d.	Down
21	/ Years	Months,	Days.
	· Widower, {Cross out the words not required in this line.	}	
Occupation, (State or country, and	hew) 3.6		1/
Birth Place, State or country, and long in the United State of foreign birth. Duration of Residence in	the City of Baltimore,		
Place of Death, Give Street and Number.	214. Bu	ce et-	-
Cause of Death, $\begin{cases} First (Prince Prince P$	mary), Cluber	•••••	
Duration of Last Sicknes	s, and duy		
Place of Burial Louse	Cemelery		
Date of Burial, July	6 4 1857 0	Imman	7 Hills. D.
(Undertaker, Stille	on Dunge		Medical Attendant.
Place of Business	O East Staddre	988,17 h. G	allow st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION THE further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of hed during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within nty-four house the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as same can be ascentiated, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause late of death.

[OVER.]